

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/030966

FILING DATE

APPLICANT(S)

12/13/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
4	1		1		1	
5	1		1		1	
6		1		1		1
7		0		1		1
8		0		1		1
9		0		1		4
10		0		1		1
11		0		1		1
12		0		1		1
13		0		1		1
14		0		1		1
15		0		1		1
16		0		1		1
17		0		1		1
18		0		1		1
19		0		1		1
20		0		1		1
21		0		1		1
22		0		1		1
23		0		1		1
24		0		1		1
25		0		1		1
26		0		1		1
27		0		1	1	
28		0		1		1
29		0		1		1
30		0		2		2
31		0		1		1
32		0		1		1
33		0		1		
34		0		1		
35		0		1		
36		0		1		
37	1		1		1	
38	1		1			
39	1		1			
40	1		1			
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						
TOTAL IND.			7		5	
TOTAL DEP.			38		42	
TOTAL CLAIMS			45		47	

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS